



**Saskatchewan Society
of Occupational Therapists**

Practice Guidelines: Assignment of Service Components to Unregulated Support Personnel

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The Saskatchewan Society of Occupational Therapists (SSOT) is charged by the provincial government with ensuring that Saskatchewan's occupational therapists practice their profession in a manner consistent with the public's interest to receive safe, ethical and effective occupational therapy (OT) services.

In this capacity and after due consultation, SSOT has established practice guidelines for practitioners to consider when determining the role of support personnel within a practice setting and when assigning service components to the available support personnel.

Registered Occupational Therapists are accountable for the practice they provide to the public. Guidelines are provided as support and guidance on particular practice issues; however, they do not replace the application of professional judgment by an OT in a particular situation.

This document is consistent with the Essential Competencies of Practice for Occupational Therapists in Canada – 2nd Edition, adopted by SSOT in January 2004.

Introduction:

SSOT recognises the roles and contributions of occupational therapy support personnel which enable practitioners to deliver quality, accessible and cost effective services.

In Saskatchewan, occupational therapists practice in increasingly diverse clinical settings. The incorporation of support personnel into occupational therapy service models may vary from setting to setting depending on many factors (geographical service area covered, staffing ratios, experience and training, etc). Regardless of the differences in settings, the individual occupational therapist is ultimately responsible and accountable for occupational therapy service delivery, including any components that have been assigned to support personnel. It is the professional responsibility of the occupational therapist to ensure that inclusion of support personnel will enhance the effectiveness of occupational therapy services and not compromise the quality of client care.

The following guidelines are intended to assist occupational therapists in determining when it is, and when it is not, appropriate to make use of support personnel, as well as determining the amount and type of supervision that may be required. Practitioners are encouraged to consider these guidelines as a tool for ongoing review of current practice and when establishing new service models that will involve support personnel.

Support personnel vary widely in training and experience, work setting, specific roles and relationship to the client. In the context of this document, the term “support personnel” refers to any persons who have been assigned responsibility for carrying out some part of an occupational therapy plan, but who are not themselves registered occupational therapists. This definition does not include occupational therapy students or restricted practitioners.

This document does not pertain to services provided by the occupational therapist in a consultant role, (i.e. where OT service is typically provided as a one time or periodic event in which the OT evaluates client needs and provides expert advice). Consultation may involve teaching clients, family members, teachers or teaching assistants how to provide the necessary support to the client, however, the OT is not responsible for supervising or monitoring the provision of services. In this capacity, OT’s should clearly explain their role to the client and caregivers and use professional judgment to recommend or teach only activities and methods which are safe for untrained community personnel to use without supervision.

Guidelines:

The guidelines are in question and answer format to facilitate understanding and incorporation into practice.

What kinds of tasks should be performed only by the occupational therapist and not assigned to support personnel?

- Screening referrals/interpretations of the need for OT service.
- Obtaining client consent for OT service.
- Initiating OT service.
- Assessing clients.
- Interpreting assessment findings.
- Planning interventions and establishing goals.
- Modifying an intervention beyond limits established by the supervising occupational therapist.
- Communicating OT recommendations, opinions and findings (whether verbally or in writing).
- Making referrals to other professionals or agencies.
- Personal or psychosocial counselling of clients, families or significant others.
- Deciding to, and planning for, discharge and follow up.
- Any task that requires the ongoing clinical judgment of an occupational therapist.

What are the main things I should consider when deciding whether assigning part of the OT service to support personnel is appropriate?

- Client status.
- Efficiency - can the task be carried out more efficiently by support personnel than by the occupational therapist (for instance for reasons of location, caseload etc.)?
- Quality of care - can the task be performed safely and effectively by someone other than an occupational therapist without compromising the quality of care being provided to the client?
- The specific knowledge, skills and experience of available support personnel - are they competent to perform the task?
- Site-specific and service-specific orientation/training available to support personnel - to address any gaps in knowledge, skill and experience.
- Supervision requirements for a particular practice environment - is it possible to provide the appropriate amount and type of supervision?

What do I need to communicate to a client regarding involvement of support personnel in the delivery of services?

- Support personnel may be involved in providing components of the service.
- The benefits and any potential risks of involving support personnel and how supervision will be provided to ensure quality care.
- The occupational therapist is responsible for overall provision of care.
- Attain the client's informed consent to have the task performed by support personnel.

What do I need to ensure the support personnel understands when assigning a task?

- The current status of the client.
- The nature of the task being delegated.
- That the support person is responsible to notify the OT immediately if they do not understand the task assigned or do not feel comfortable or competent to perform the task.
- That support personnel are accountable to the OT for the quality of the care they are providing, and the OT has an obligation to supervise and monitor their performance periodically.
- The purpose of supervision is to ensure the service component is delivered in a safe, ethical and effective way. This requires both ongoing monitoring of the support personnel's ability to perform the task and ongoing evaluation of the therapeutic outcomes.
- The type and amount of supervision that will be provided.
- Expectations for carrying out or modifying the task so that services will be provided within the limits set by the OT.
- Any inherent risks or contraindications to performing the task and the appropriate safeguards or precautions.
- That support personnel are not authorised to reassign the task to anyone else.
- That support personnel will not perform the assigned task for another client unless directed to do so by a supervising OT.
- In an emergency situation or if adverse circumstances occur, they must stop the task, seek assistance and contact the supervising OT.
- At all times support personnel must know how to get in touch immediately with the supervising OT or an alternative supervisor.
- Confidentiality must be maintained regarding the client's personal information. Support personnel will not communicate the occupational therapist's recommendations, analysis or prognosis about the client's functional status with the client, or anyone else involved in the client's care.
- Expectations for keeping appropriate records. The OT must explain to support personnel how records are to be kept, including what information is required, how often and by what means that information is to be communicated, and when it will be reviewed.

What factors need to be considered when determining appropriate supervision?

- Amount of supervision, including supervisory ratios required - may be dependent on the type of client population, the practice setting, the nature of the duties assigned to the support personnel, the skills and knowledge of the support personnel, and the physical environment.
- Appropriate method of supervision for the particular assigned task - this may be achieved by a combination of regular communication and direct contact. Some examples of possible methods include record review, observation, case reviews, input from the client, family, caregiver and other team members, and formal/informal meetings.

What are my obligations after a task has been assigned?

- Ongoing evaluations of the outcomes of the intervention - alter the assigned tasks if necessary and document any alterations and outcomes.
- Supervision - ensure that the support personnel receive appropriate and timely supervision.
- Be prepared to resume direct responsibility for the task or reassign the task if necessary.

What documentation should I keep when assigning tasks to support personnel?

- Evidence that appropriate informed consent has been attained from the client or substitute decision-maker to involve support personnel.
- Identification of the support personnel to whom the task was assigned.
- A description of the assigned task, including any interim revisions that were necessary.
- A record of the established methods and amount of supervision.
- A record of all monitoring and supervision, including outcomes (if appropriate).

Definitions:

Assessment:	An ongoing process of collecting, analyzing and interpreting information obtained through observation, interview, record review and testing. Assessments used in occupational therapy may include standardized, informal, or qualitative methodologies in addition to report(s) from various other health disciplines, clients, and others.
Assignment:	The process by which an occupational therapist designates support personnel to carry out specific activities related to the occupational therapy service. While specific activities may be assigned to support personnel, the occupational therapist remains accountable for the overall client program/care plan.
Client:	Any individual, group, agency, organization, business, or other that forms a client-centered occupational therapist partnership; including people with occupational performance problems arising from medical conditions, transitional difficulties, or environmental barriers; also including organizations and services that influence occupational performance of particular groups or populations, and consequently, social and personal well-being.
Competent:	Having the ability and capacity to perform the task, meeting the established minimal standards/expectations. Possessing the combined knowledge, skills, attitudes, and judgment required to effectively provide services.
Guidelines	Suggestions of voluntary behaviour that might assist prudent practitioners. Not intended to be mandatory.
Occupational Performance	The participation in major social roles, which require physical, cognitive, psychological and social skills (performance components) which are fundamental to these roles. For example; family interaction, activities of daily living, school/ work, play/leisure/recreation, and temporal adaptation.
Occupational Therapist (OT):	An individual who meets the requirements for registration and holds a practice license issued by the applicable legislated authority.
OT Support Personnel:	Any individual who does not meet the requirements under legislation to be an occupational therapist/restricted practitioner, but as a result of varied education, training, or experience, and under the supervision of an OT, has the competence to provide components of occupational therapy services. These individuals may be referred to by various titles including but not limited to OT Assistant, OT Aide, Support Worker, Rehabilitation Attendant/Assistant, Community Support Worker, and Auxiliary Worker.
OT Service:	A set of activities or tasks that are designed and organized by OT's to enable occupation with individuals, organizations and communities. These services reflect occupational therapy values, beliefs and core concepts; enable persons to perform occupations that are meaningful to them; use occupations to promote the achievement of self-care, productivity, and/or leisure; follow a client-centered occupational performance process; and are tailored to meet the specific needs of each client. Services are provided in a variety of environments, including hospitals, private practice, home care, continuing care institutions, schools, etc.
Supervision:	A process in which two or more people participate in a joint effort to promote; establish; maintain or increase a level of performance and service. One person is identified as having ultimate responsibility for the quality of the service. i) Direct Supervision: The supervising OT is present within the environment when the assigned task is being carried out. ii) Indirect supervision: The supervising OT is not present when the task is being carried out, but is available to the support personnel by communication technology (telephone, fax, e-mail, etc.) or has provided an alternate plan in case of doubt or perceived risk.

Further Reading

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